

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

10/528633

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		2				
9		2				
10		2				
11		2				
12	1					
13		2				
14		2				
15	1					
16		1				
17		1				
18		1				
19	1					
20		2				
21	1					
22		5				
23		6				
24		6				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.		24				
TOTAL CLAIMS	7	24				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						